

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2001-05

CHILD ABUSE TREATMENT SERVICES
AUTHORIZATION AND CASE MANAGEMENT

APRIL 30, 2001

In accordance with Government Code Section (GC §) 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for the filing of claims for Child Abuse Treatment Services Authorization and Case Management (CATS). These claiming instructions are issued subsequent to the adoption of the program's parameters and guidelines (P's & G's) by the Commission on State Mandates (COSM).

Penal Code Sections 273a at subdivision (c)(3) and 273d at subdivision (c)(3), as amended by Chapter 1090, Statutes of 1996, require child abuse defendants to successfully complete no less than one year of a child abuser's treatment counseling program approved by the county probation department. Penal Code Section 273.1, as added by Chapter 1090, Statutes of 1996, set forth new duties for county probation departments in granting such program approvals and in performing activities associated with the receipt, care, and review of defendants' progress reports.

On September 28, 2000, the COSM determined that the test claim legislation imposes a new program or higher level of service in an existing program upon county probation departments within the meaning of Article XIII B, Section 6 of the California Constitution and GC § 17514 and establishes costs mandated by the State according to the provisions listed in the P's & G's. For your reference, the P's & G's are included as an integral part of the claiming instructions.

Eligible Claimants

Any county that incurs increased costs as a direct result of this mandate is eligible to claim reimbursement of these costs.

Filing Deadlines

A. Initial Claims

Initial reimbursement claims must be filed within 120 days from the issuance date of claiming instructions. Therefore, reimbursement claims for the 1997-98 through 1999-00 fiscal years and an estimated claim for the 2000-01 fiscal year must be filed with the SCO and must be delivered or postmarked on or before **August 28, 2001**. Thereafter, having received payment for an estimated claim, the claimant must file an annual reimbursement claim by January 15 of the following fiscal year. Claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$1,000.

Costs for all initial reimbursement claims must be filed separately according to the fiscal year in which the costs were incurred. However, the initial claims will be considered as one claim for the purpose of computing the late claim penalty. Do not prorate the penalty among fiscal years. If the claims are late, the penalty should be applied to a single fiscal year.

In order for a claim to be considered properly filed, it must include any specific supporting documentation requested in the instructions. **Claims filed more than one year after the deadline or without the requested supporting documentation will not be accepted.**

B. Estimated Claims

Unless otherwise specified in the claiming instructions, local agencies are not required to provide cost schedules and supporting documents with an estimated claim if the estimated amount does not exceed the previous fiscal year's actual costs by more than 10%. Claimants can simply enter the estimated amount on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, claimants must complete supplemental claim forms to support their estimated costs as specified for the program to explain the reason for the increased costs. If no explanation supporting the higher estimate is provided with the claim, it will automatically be adjusted to 110% of the previous fiscal year's actual costs.

Estimated claims filed with the SCO must be postmarked by January 15 of the fiscal year in which costs will be incurred. However, 2000-01 estimated claims must be filed with the SCO and postmarked by **August 28, 2001**. Timely filed claims will be paid before late claims.

Minimum Claim Cost

GC § 17564(a) provides that no claim shall be filed pursuant to § 17561 unless such a claim exceeds \$200 per program per fiscal year. Claims should be rounded to the nearest dollar.

Reimbursement of Claims

Initial reimbursement claims will only be reimbursed to the extent that expenditures can be supported and, if such information is unavailable, claims will be reduced. In addition, ongoing reimbursement claims must be supported by documentation as evidence of the expenditures. Examples of documentation may include, but are not limited to, employee time records that identify mandate activities, payroll records, invoices, receipts, contracts, travel expense vouchers, purchase orders, and caseload statistics.

Audit of Costs

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the P's & G's adopted by the COSM. If any adjustments are made to a claim, a "Notice of Claim Adjustment," specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

On-site audits will be conducted by the SCO as deemed necessary. Accordingly, all documentation to support actual costs claimed must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or amended regardless

of the year of costs incurred. If no funds are appropriated for initial claims at the time the claims are filed, supporting documents must be retained for two years from the date of initial payment of the claim. Claim documentation shall be made available to the SCO on request.

Retention of Claiming Instructions

Claiming instructions and forms should be retained permanently in your Mandated Cost Manual for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. You will be notified of updated forms or changes to claiming instructions as necessary. For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at www.sco.ca.gov/ard/local/locrim/index.htm.

Address for Filing Claims

Submit a signed, original form FAM-27, Claim for Payment, and all other forms and supporting documents (no copies necessary) to:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

BEFORE THE
COMMISSION ON STATE MANDATES
STATE OF CALIFORNIA

IN RE TEST CLAIM ON:

Penal Code Sections 273.1, 273a, and 273d, as
amended by Statutes of 1996, Chapter 1090;

Filed on October 8, 1998

By Los Angeles County, Claimant.

No. 98-TC-06

Child Abuse Treatment Services Authorization

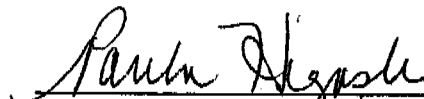
ADOPTION OF PARAMETERS AND
GUIDELINES PURSUANT TO
GOVERNMENT CODE SECTION 17557
AND TITLE 2, CALIFORNIA CODE OF
REGULATIONS, SECTION 1183.12

(Adopted on February 22, 2001)

ADOPTED PARAMETERS AND GUIDELINES

The attached Parameters and Guidelines is hereby adopted in the above-entitled matter.

This Decision shall become effective on February 22, 2001.



PAULA HIGASHI, Executive Director

Parameters and Guidelines

Penal Code Sections 273a, 273d, and 273.1
Statutes of 1996, Chapter 1090

Child Abuse Treatment Services Authorization and Case Management

I. SUMMARY OF THE MANDATE

Penal Code sections 273a at subdivision (c)(3) and 273d at subdivision (c)(3), as amended by Statutes of 1996, Chapter 1090, both require that child abuse defendants successfully complete no less than one year of a child abuser's treatment counseling program approved by the county probation department. Penal Code section 273.1, as added by Statutes of 1996, Chapter 1090, set forth new duties for county probation departments in granting such program approvals and in performing activities associated with the receipt, care, and review of defendants' progress reports.

On September 28, 2000, the Commission on State Mandates (Commission) adopted its "Statement of Decision" on the subject test claim, finding that the test claim legislation imposes a new program or higher level of service in an existing program upon county probation departments within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514 for the following activities:

- Development/implementation of child abuser's treatment counseling program vendor approval programs;
- Inspection/approval of child abuser's treatment counseling programs; and
- Receipt, care and review of defendants' progress reports.

II. ELIGIBLE CLAIMANTS

Counties and City and County.

III. PERIOD OF REIMBURSEMENT

Section 17557 of the Government Code, prior to its amendment by Statutes of 1998, Chapter 681, stated that a test claim must be submitted on or before December 31 following a given fiscal year to establish eligibility for reimbursement for that fiscal year. This test claim was filed by the County of Los Angeles on October 2, 1998.

Therefore, costs incurred in implementing Statutes of 1996, Chapter 1090 on or after July 1, 1997, are eligible for reimbursement.

Actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to section 17561, subdivision (d)(1) of the Government Code, all claims for reimbursement of initial years' costs shall be submitted within 120 days of notification by the State Controller of the enactment of the claims bill.

If total costs for a given year do not exceed \$200, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

IV. REIMBURSEABLE ACTIVITIES

The direct and indirect costs of labor, materials and supplies, contracted services, equipment, training, and travel incurred for the following mandate components are eligible for reimbursement:

A. One-Time Costs

To develop policies, methods, and procedures for a child abuser's treatment counseling program seeking approval from the county probation department and for the receipt, care and review of defendants' progress reports, including new:

1. Vendor application kits and processing forms,
2. Protocols for the receipt, care and review of defendants' progress reports,
3. Training for each county probation department staff member implementing the new approval program or the receipt, care and review of defendants' progress reports,
4. Record keeping and document storage systems, and
5. Advising the referral sources about the new legal mandates under Penal Code Section 273.1 et seq.

B. Continuing Costs

1. Notifying potential vendors of the approval program, including details for preparing and submitting an application,
2. Mailing application packets and memoranda of understanding,
3. Responding to vendor questions,
4. Receiving and (preliminary) reviewing applications and required documents for deficiencies,
5. Conducting vendor approval (legal) reviews in determining whether a vendor applicant should be approved or rejected,
6. Notifying vendors of findings,
7. Creating a list of approved child abuse treatment agencies and distributing it to the courts and associated referral sources,
8. Maintaining record keeping and document storage systems,
9. Visiting the approved site on ongoing basis,
10. Auditing parenting classes, which are primarily conducted in either Spanish or English,
11. Reviewing individual and family counseling sessions,
12. Inspecting case records and progress notes,
13. Reviewing personnel records including background checks,

14. Assuring proper reports to the court or probation are sent in a timely manner,
15. Communicating with referral sources to assure appropriate utilization of the approved list,
16. Maintaining awareness of current literature and research in the field, including “treatment regimen” areas indicated by the law, such as the cycle of family violence and child development (reimbursement for this activity is limited to non-licensed employees),
17. Accepting and investigating complaints regarding child abuse treatment agency misconduct,
18. Instructing psychotherapists employed by or who contract with child abuse treatment agencies, with “substantial expertise in the field,” to correct deficiencies,
19. Recommending and imposing sanctions against child abuse treatment agencies which are out of compliance, and
20. Implementing the receipt, care and review of defendants’ progress reports.

V. CLAIM PREPARATION AND SUBMISSION

Each claim for reimbursement must be timely filed and identify each cost element for which reimbursement is claimed under this mandate. Claimed costs must be identified to each reimbursable activity identified in Section IV of these parameters and guidelines.

A. Direct Costs

Direct costs are defined as cost that can be traced to specific goods, services, units, programs, activities or functions. Claimed costs shall be supported by the following cost element information:

1. Salaries and Benefits

Identify the employee(s) and/or show the classification of the employee(s) involved.¹ Describe the reimbursable activities performed and specify the actual time devoted to each reimbursable activity by each employee, productive hourly rate and related fringe benefits.

Reimbursement for personnel services includes compensation paid for salaries, wages, and employee fringe benefits. Employee fringe benefits include regular compensation paid to an employee during periods of authorized absences (e.g., annual leave, sick leave) and the employer’s contribution to social security, pension plans, insurance, and worker’s compensation insurance. Fringe benefits are eligible for reimbursement when distributed equitably to all job activities which the employee performs.

2. Materials and Supplies

Only expenditures that can be identified as direct costs of this mandate may be claimed. List the cost of the materials and supplies consumed specifically for the purposes of this

¹ It should be noted that since vendor program staff are required by the subject law to be therapists licensed to practice in the state or under the direct supervision of a therapist licensed to practice in the state, the county probation staff member providing direct oversight will need to have either a master’s degree in social work (MSW) or be a licensed clinician.

mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

3. Contract Services

Provide the name(s) of the contractor(s) who performed the services, including any fixed contract for services. Describe the reimbursable activity(ies) performed by each named contractor and give the number of actual hours spent on the activities, if applicable. Show the inclusive dates when services were performed and itemize all costs for those services.

4. Fixed Assets

List the costs of the fixed assets that have been acquired specifically for the purpose of this mandate. If the fixed asset is utilized in some way not directly related to the mandated program, only the pro-rata portion of the asset which is used for the purposes of the mandated program is eligible for reimbursement.

5. Travel

Travel expenses for mileage, per diem, lodging and other employee entitlements are eligible for reimbursement in accordance with the rule of the local jurisdiction. Provide the name(s) of the traveler(s), purpose of travel, inclusive dates and times of travel, destination point(s) and travel costs.

6. Training

The cost of training an employee to perform the mandated activities, as specified in Section IV. of these parameters and guidelines, is eligible for reimbursement. Identify the employee(s) by name and job classification. Provide the title and subject of the training session, the date(s) attended and the location. Reimbursable costs may include salaries and benefits of trainees and trainers, registration fees, transportation, lodging, and per diem. If the training encompasses subjects broader than this mandate, only the pro rata portion of the training costs can be claimed.

B. Indirect Costs

Indirect costs are defined as costs which are incurred for a common or joint purpose, benefiting more than one program and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of

central government services distributed to other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the OMB A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) for the department if the indirect cost rate exceeds 10%. If more than one department is claiming indirect costs for the mandated program, each department must have its own ICRP prepared in accordance with OMB A-87. An ICRP must be submitted with the claim when the indirect cost rate exceeds 10%.

VI. SUPPORTING DATA

For auditing purposes, all cost claimed shall be traceable to source documents (e.g., invoices, receipts, purchase orders, contracts, worksheets, calendars, declarations) that show evidence of the validity of such costs and their relationship to the state mandated program. All documentation in support of the claimed costs shall be made available to the State Controller's Office, as may be requested. Pursuant to Government Code section 17558.5, these documents must be kept on file by the agency submitting the claim for a period of no less than two years after the later of (1) the end of the calendar year in which the reimbursement claim is filed or last amended, or (2) if no funds are appropriated for the fiscal year for which the claim is made, the date of initial payment of the claim. All claims shall identify the number of pupils in out-of-state residential programs for the costs being claimed.

VII. OFFSETTING SAVINGS AND OTHER REIMBURSEMENT

Any offsetting savings the claimant experiences as a direct result of the subject mandate must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, including but not limited to, federal funds and other state funds shall be identified and deducted from this claim.

VIII. STATE CONTROLLER'S OFFICE REQUIRED CERTIFICATION

An authorized representative of the claimant shall be required to provide a certification of the claim, as specified in the State Controller's Office claiming instructions, for those costs mandated by the State contained herein.

IX. PARAMETERS AND GUIDELINES AMENDMENTS

Pursuant to Title 2, California Code of Regulations, section 1183.2, Parameters and Guidelines amendments filed before the deadline for initial claims as specified in the Claiming Instructions shall apply to all years eligible for reimbursement as defined in the original parameters and guidelines. A Parameters and Guidelines amendment filed after the initial claiming deadline must be submitted on or before January 15, following a fiscal year in order to establish eligibility for reimbursement for that fiscal year.

CLAIM FOR PAYMENT			For State Controller Use Only		Program 196
Pursuant to Government Code Section 17561 PROGRAM 196 - CHILD ABUSE TREATMENT SERVICES AUTHORIZATION AND CASE MANAGEMENT			(19) Program Number 00196 (20) Date Filed ____/____/____ (21) LRS Input ____/____/____		
L A B E L H E R E	(01) Claimant Identification Number		Reimbursement Claim Data		
	(02) Mailing Address		(22) CATS-1, (04)		
	Claimant Name		(23) CATS-1, (05)(A)(1)(f)		
	County of Location		(24) CATS-1, (05)(B)(1)(f)		
	Street Address or P.O. Box		(25) CATS-1, (05)(B)(2)(f)		
	City	State	Zip Code	(26) CATS-1, (05)(B)(3)(f)	
Type of Claim (03) Estimated <input type="checkbox"/> (04) Combined <input type="checkbox"/> (05) Amended <input type="checkbox"/>		Estimated Claim (09) Reimbursement <input type="checkbox"/> (10) Combined <input type="checkbox"/> (11) Amended <input type="checkbox"/>		Reimbursement Claim (27) CATS-1, (07) (28) (29) (30)	
Fiscal Year of Cost (06) 20____/20____		(12) 19____/20____		(31)	
Total Claimed Amount (07)		(13)		(32)	
Less: 10% Late Penalty, not to exceed \$1,000		(14)		(33)	
Less: Estimated Claim Payment Received		(15)		(34)	
Net Claimed Amount		(16)		(35)	
Due from State (08)		(17)		(36)	
Due to State		(18)		(37)	
(38) CERTIFICATION OF CLAIM <p>In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claims with the State of California for costs mandated by Chapter 1090, Statutes of 1996, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 1090, Statutes of 1996.</p> <p>The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 1090, Statutes of 1996, set forth on the attached statements.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> Signature of Authorized Officer _____ _____ Type or Print Name </div> <div style="width: 45%;"> Date _____ _____ Title </div> </div>					
(39) Name of Contact Person for Claim _____ Telephone Number (_____) _____ - _____ Ext. _____ _____ E-mail Address _____					

Program 196	CHILD ABUSE TREATMENT SERVICES AUTHORIZATION AND CASE MANAGEMENT Certification Claim Form Instructions	FORM FAM-27
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- (01) Leave blank.
- (02) A set of mailing labels with the claimant's I.D. number and address was enclosed with the letter regarding the claiming instructions. The mailing labels are designed to speed processing and prevent common errors that delay payment. Affix a label in the space shown on form FAM-27. Cross out any errors and print the correct information on the label. Add any missing address items, except county of location and a person's name. If you did not receive labels, print or type your agency's mailing address.
- (03) If filing an original estimated claim, enter an "X" in the box on line (03), Estimated.
- (04) If filing an original estimated claim on behalf of districts within the county, enter an "X" in the box on line (04), Combined.
- (05) If filing an amended or combined claim, enter an "X" in the box on line (05), Amended. Leave boxes (03) and (04) blank.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form CATS-1 and enter the amount from line (12).
- (08) Enter the same amount as shown on line (07).
- (09) If filing an original reimbursement claim, enter an "X" in the box on line (09), Reimbursement.
- (10) If filing an original reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10), Combined.
- (11) If filing an amended or a combined claim on behalf of districts within the county, enter an "X" in the box on line (11), Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of reimbursement claim from form CATS-1, line (12).
- (14) **Filing Deadline. Initial Claims of Ch. 1090/96.** If the reimbursement claims for fiscal years 1997-98 through 1999-00 are filed after **August 28, 2001**, the claims must be reduced by a late penalty. Costs for all initial reimbursement claims must be filed separately according to the fiscal year in which the costs were incurred. However, the initial claims will be considered as one claim for the purpose of computing the late claim penalty. Do not prorate the penalty among the fiscal years. If the claims are late, the penalty should be applied to a single fiscal year. Enter either the product of multiplying the sum total of line (13) for all applicable FAM-27's by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- In subsequent years, reimbursement claims must be filed by January 15 of the following fiscal year in which costs were incurred or the claims shall be reduced by a late penalty. Enter either the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- (15) If filing a reimbursement claim and an estimated claim was previously filed for the same fiscal year, enter the amount received for the estimated claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount in line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (37) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (27) for the reimbursement claim, e.g., CATS-1, (05)(A)(1)(f), means the information is located on form CATS-1, block (05), component (A), line (1), column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the payment process.**
- (38) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by a signed certification.**
- (39) Enter the name, telephone number, and e-mail address of the person whom this office should contact if additional information is required.

SUBMIT A SIGNED, ORIGINAL FORM FAM-27 WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS (NO COPIES NECESSARY) TO:

Address, if delivered by U.S. Postal Service:

OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

Address, if delivered by other delivery service:

OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

Program 196	MANDATED COSTS CHILD ABUSE TREATMENT SERVICES AUTHORIZATION AND CASE MANAGEMENT CLAIM SUMMARY					FORM CATS-1	
(01) Claimant			(02) Type of Claim		Fiscal Year		
			Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>		19___/20___		
(03) Department							
Claim Statistics							
(04) Leave Blank.							
Direct Costs		Object Accounts					
(05) Reimbursable Components		(a)	(b)	(c)	(d)	(e)	(f)
		Salaries	Benefits	Services and Supplies	Fixed Assets	Travel and Training	Total
A. One-Time Costs							
1. Develop Policies & Procedures							
B. Continuing Costs							
1. Vendor Notification							
2. Development/Implementation of Vendor Approval							
3. Inspection/Approval of Treatment Programs							
(06) Total Direct Costs							
Indirect Costs							
(07) Indirect Cost Rate					[From ICRP]	%	
(08) Total Indirect Costs					[Line (06)(a) x line (07)] or [{Line (06)(a) + line (06)(b)} x line (07)]		
(09) Total Direct and Indirect Costs					[Line (06)(f) + line (08)]		
Cost Reduction							
(10) Less: Offsetting Savings							
(11) Less: Other Reimbursements							
(12) Total Claimed Amount					[Line (09) - {(line (10) + line (11))}]		

Program 196	<p style="text-align: center;">CHILD ABUSE TREATMENT SERVICES AUTHORIZATION AND CASE MANAGEMENT CLAIM SUMMARY Instructions</p>	FORM CATS-1
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- (01) Claimant. Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form CATS-1 must be filed for a reimbursement claim. Do not complete form CATS-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form CATS-1 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Department. If more than one department has incurred costs for this mandate, give the name of each department. A separate form CATS-1 should be completed for each department.
- (04) Leave blank.
- (05) Reimbursable Components. For each reimbursable component, enter the total from form CATS-2, line (05), columns (d) through (h) to form CATS-1, block (05), columns (a) through (e) in the appropriate row. Total each row.
- (06) Total Direct Costs. Total columns (a) through (f).
- (07) Indirect Cost Rate. Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits. If an indirect cost rate of greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim. If more than one department is reporting costs, each must have its own ICRP for the program.
- (08) Total Indirect Costs. Multiply Total Salaries, line (06)(a), by the Indirect Cost Rate, line (07). If both salaries and benefits were used in the distribution base for the computation of the indirect cost rate, then multiply the sum of Total Salaries, line (06)(a), and Total Benefits, line (06)(b), by the Indirect Cost Rate, line (07).
- (09) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (06)(f), and Total Indirect Costs, line (08).
- (10) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (11) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (12) Total Claimed Amount. From Total Direct and Indirect Costs, line (09), subtract the sum of Offsetting Savings, line (10), and Other Reimbursements, line (11). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

Program 196	MANDATED COSTS CHILD ABUSE TREATMENT SERVICES AUTHORIZATION AND CASE MANAGEMENT COMPONENT/ACTIVITY COST DETAIL						FORM CATS-2
(01) Claimant				(02) Fiscal Year			
(03) Reimbursable Components: Check only one box per form to identify the component being claimed. One-Time Costs: <input type="checkbox"/> Develop Policies and Procedures Continuing Costs: <input type="checkbox"/> Vendor Notification ¹ <input type="checkbox"/> Development/Implementation of Vendor Approval ² <input type="checkbox"/> Inspection/Approval of Treatment Programs ³							
(04) Description of Expenses: Complete columns (a) through (h).				Object Accounts			
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies	(g) Fixed Assets	(h) Travel and Training
(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ____ of ____							

Program 196	CHILD ABUSE TREATMENT SERVICES AUTHORIZATION AND CASE MANAGEMENT COMPONENT/ACTIVITY COST DETAIL Instructions	FORM CATS-2
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- (01) Claimant. Enter the name of the claimant. If more than one department has incurred costs for this mandate, give the name of each department. A separate form CATS-2 should be completed for each department.
- (02) Fiscal Year. Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Components. Check the box which indicates the cost component being claimed. Check only one box per form. A separate form CATS-2 shall be prepared for each applicable component.
- 1. Vendor Notification.** Include the costs for items 1, 2, 3, and 6 from Section IV. Reimbursable Activities, B. Continuing Costs of the Parameters and Guidelines.
2. Development/Implementation of Vendor Approval. Include the costs for items 4, 5, 7, 8, 9, 12 through 15, and 17 through 20 from Section IV. Reimbursable Activities, B. Continuing Costs of the Parameters and Guidelines.
3. Inspection/Approval of Treatment Programs. Include the costs for items 10, 11, and 16 from Section IV. Reimbursable Activities, B. Continuing Costs of the Parameters and Guidelines.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, travel and training expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. If no funds are appropriated for the initial payment at the time the claims are filed, supporting documents must be retained for two years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

Object/ Sub object Accounts	Columns								Submit these supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Salaries	Employee Name Title	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked					
Benefits	Activities Performed	Benefit Rate	Hours Worked		Benefits = Benefit Rate x Salaries				
Services and Supplies	Description of Supplies Used	Unit Cost	Quantity Used			Cost = Unit Cost x Quantity Used			
Contract Services	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service			Itemized Cost of Services Performed			Invoice
Fixed Assets	Description of Equipment Purchased	Unit Cost	Usage				Itemized Cost of Equipment Purchased		Invoice
Travel and Training	Purpose of Trip Name and Title Departure and Return Date	Per Diem Rate Mileage Rate Travel Cost	Days Miles Travel Mode					Cost = Rate x Days or Miles or Total Travel Cost	
Training	Employee Name/Title Name of Class		Dates Attended					Registration Fee	

- (05) Total line (04), columns (d) through (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component/activity costs, number each page. Enter totals from line (05), columns (d) through (h) to form CATS-1, block (04), columns (a) through (e) in the appropriate row.